



MARYLAND Department of Health

Public Health Preparedness and Situational Awareness Report: #2019:47

Reporting for the week ending 11/23/19 (MMWR Week #47)

December 2nd, 2019

CURRENT HOMELAND SECURITY THREAT LEVELS

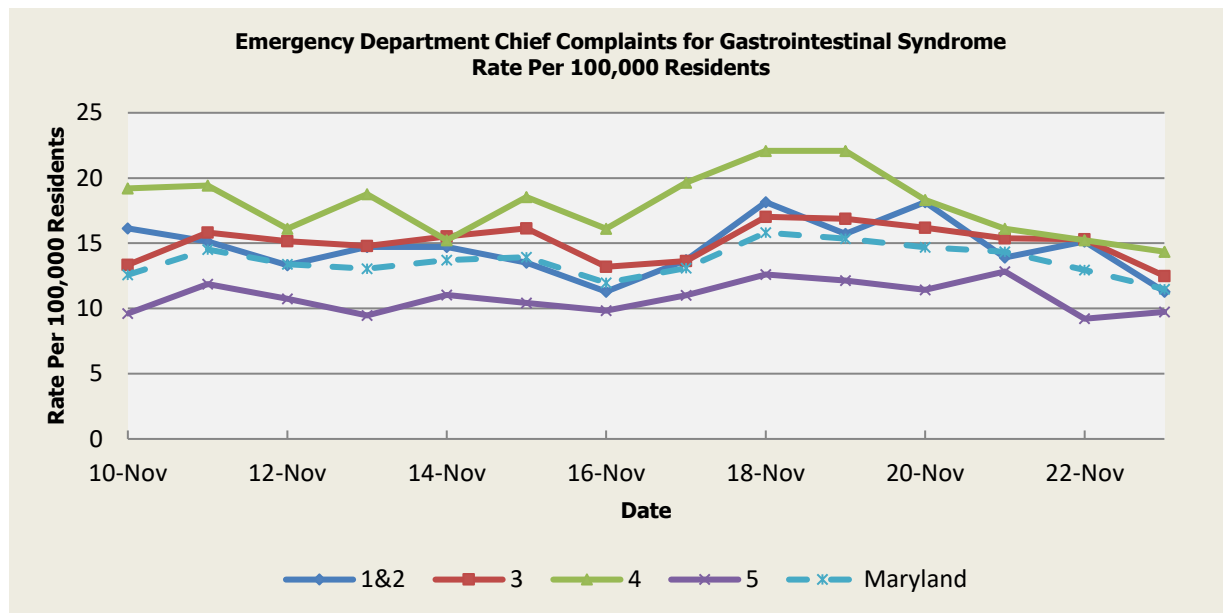
National:	No Active Alerts
Maryland:	Normal (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the “Other” category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2019.

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Gastrointestinal Syndrome



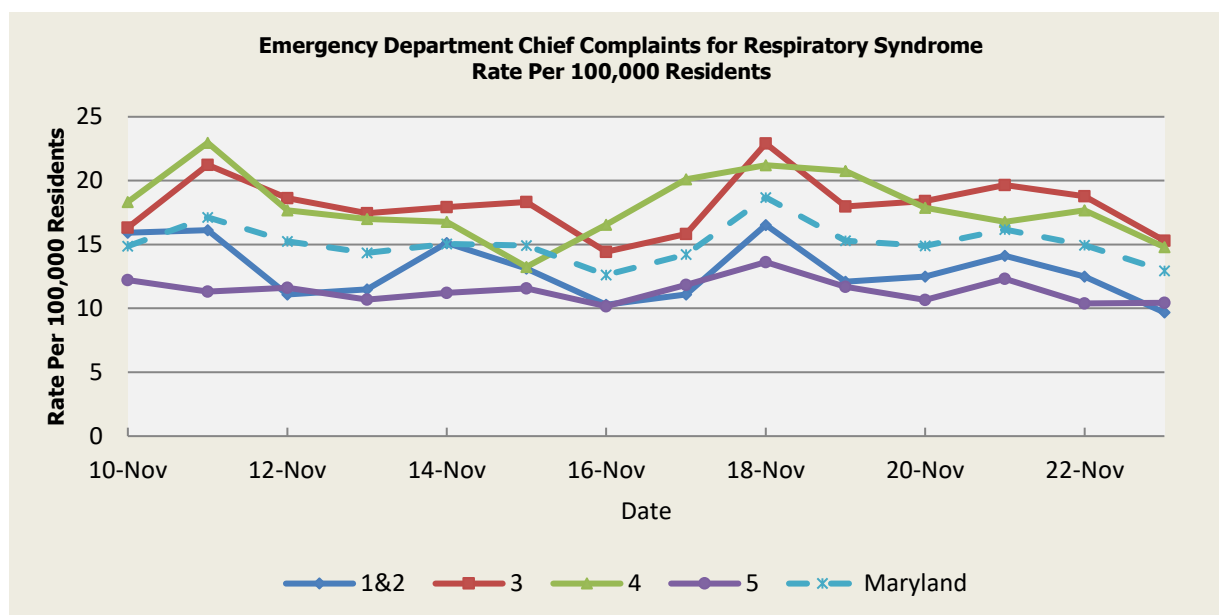
There were three (3) Gastrointestinal Syndrome outbreaks reported this week; one (1) outbreak of Gastroenteritis in a Nursing Home (Region 3), one (1) outbreak of Gastroenteritis in an Assisted Living Facility (Region 4), One (1) outbreak of Gastroenteritis in a School (Region 5).

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.32	15.08	15.95	10.26	13.15
Median Rate*	13.11	14.87	15.46	10.17	13.02

* Per 100,000 Residents

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Respiratory Syndrome



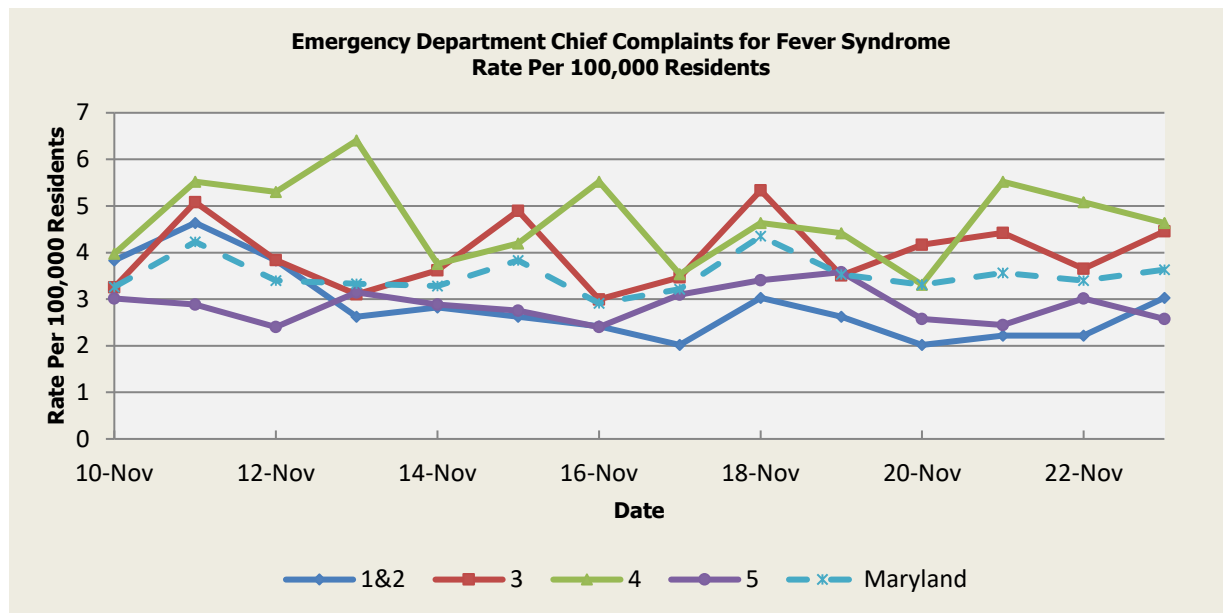
There were four (4) Respiratory Syndrome outbreak reported this week; one (1) outbreak of Influenza associated with a School (Region 5), One (1) outbreak of ILI in an Assisted Living Facility (Region 4), one (1) outbreak of ILI associated with a School (Region 5), One (1) outbreak of Pertussis associated with a School (Region 3).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.63	14.72	15.07	9.95	12.75
Median Rate*	12.10	14.18	14.35	9.65	12.28

* Per 100,000 Residents

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Fever Syndrome



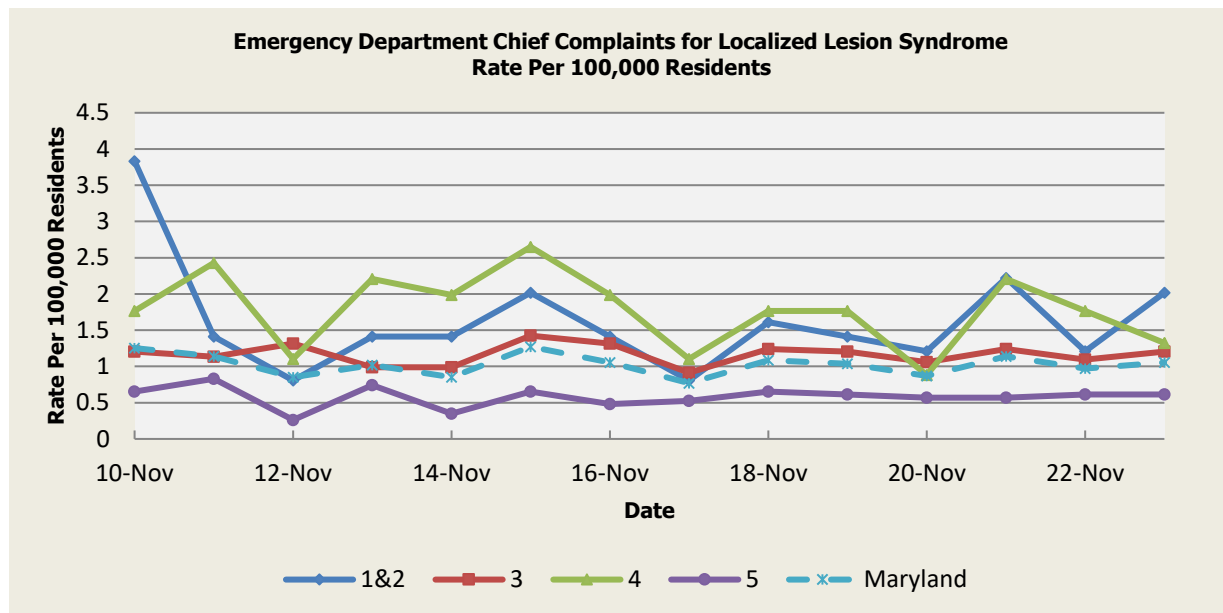
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.08	3.90	4.12	3.04	3.52
Median Rate*	3.02	3.80	3.97	2.92	3.40

*Per 100,000 Residents

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Localized Lesion Syndrome



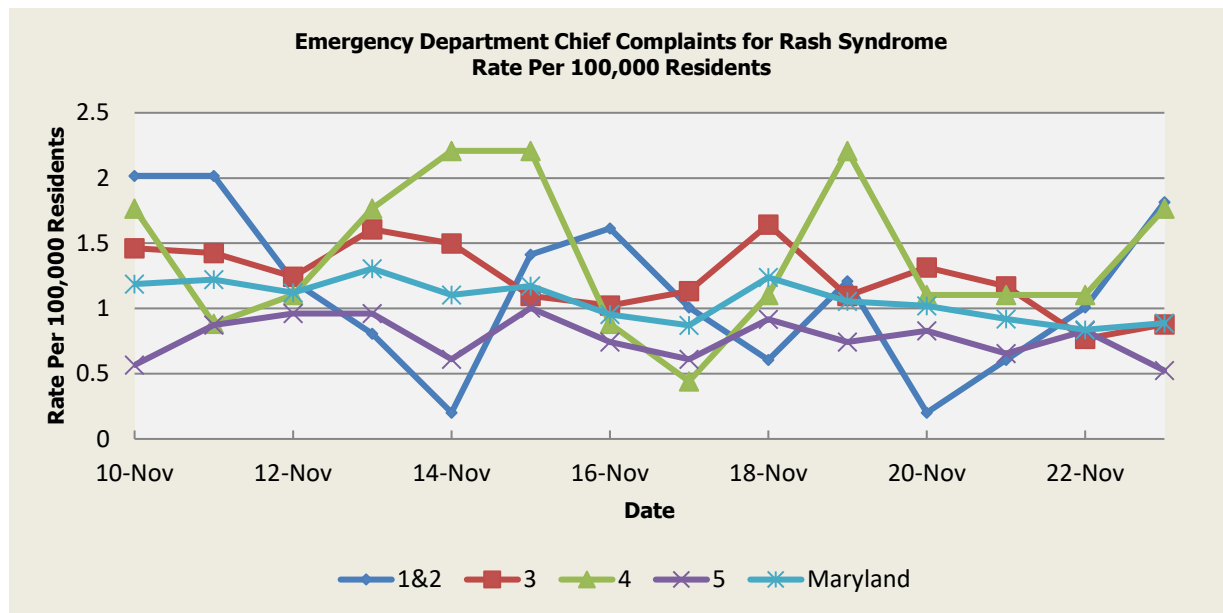
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.17	1.78	2.05	0.91	1.42
Median Rate*	1.01	1.72	1.99	0.87	1.37

* Per 100,000 Residents

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Rash Syndrome



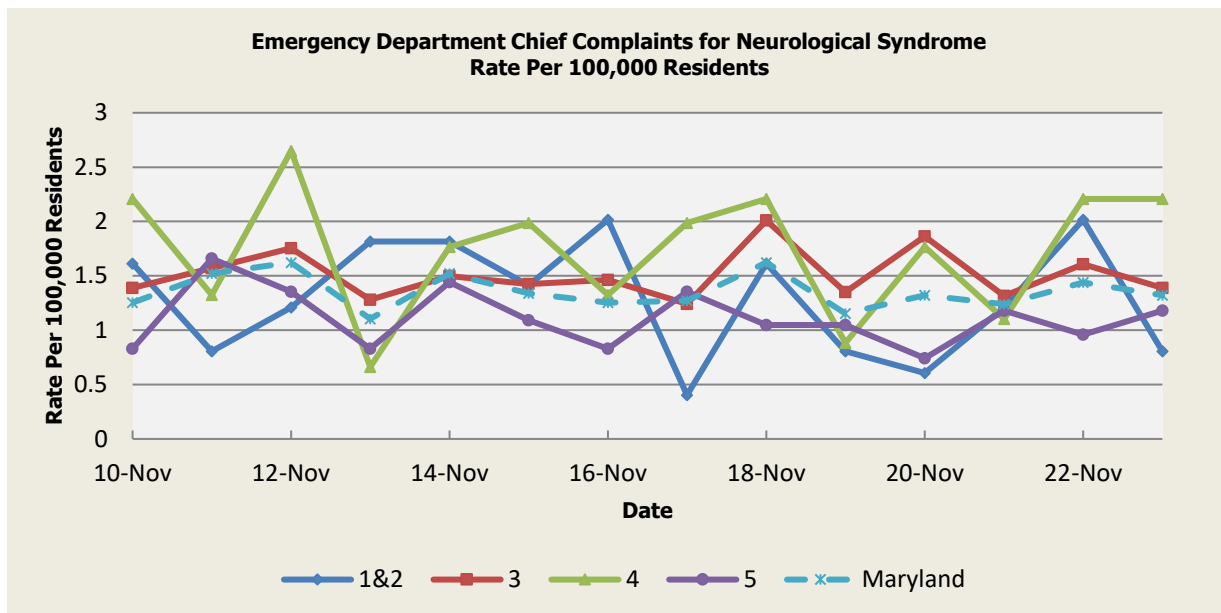
There were no Rash Syndrome outbreak reported this week.

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.25	1.67	1.76	0.98	1.38
Median Rate*	1.21	1.61	1.77	0.92	1.32

* Per 100,000 Residents

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Neurological Syndrome



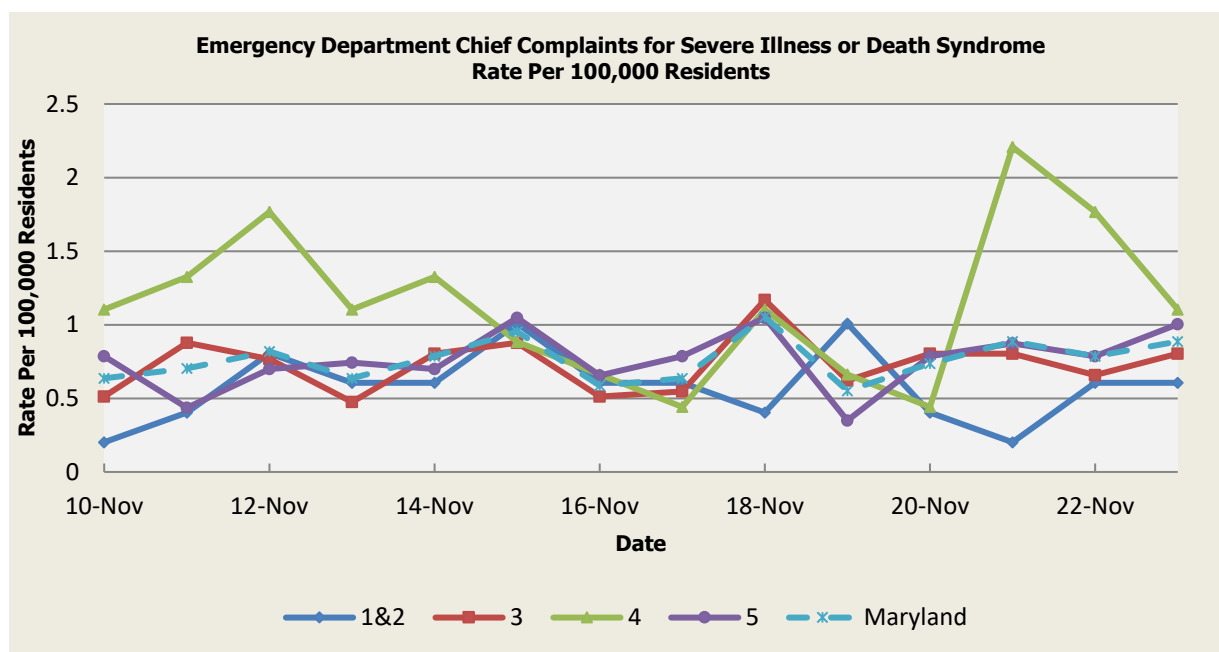
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.79	0.96	0.88	0.61	0.81
Median Rate*	0.81	0.88	0.88	0.57	0.72

* Per 100,000 Residents

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Severe Illness or Death Syndrome



There were no Severe Illness or Death Syndrome outbreaks reported this week.

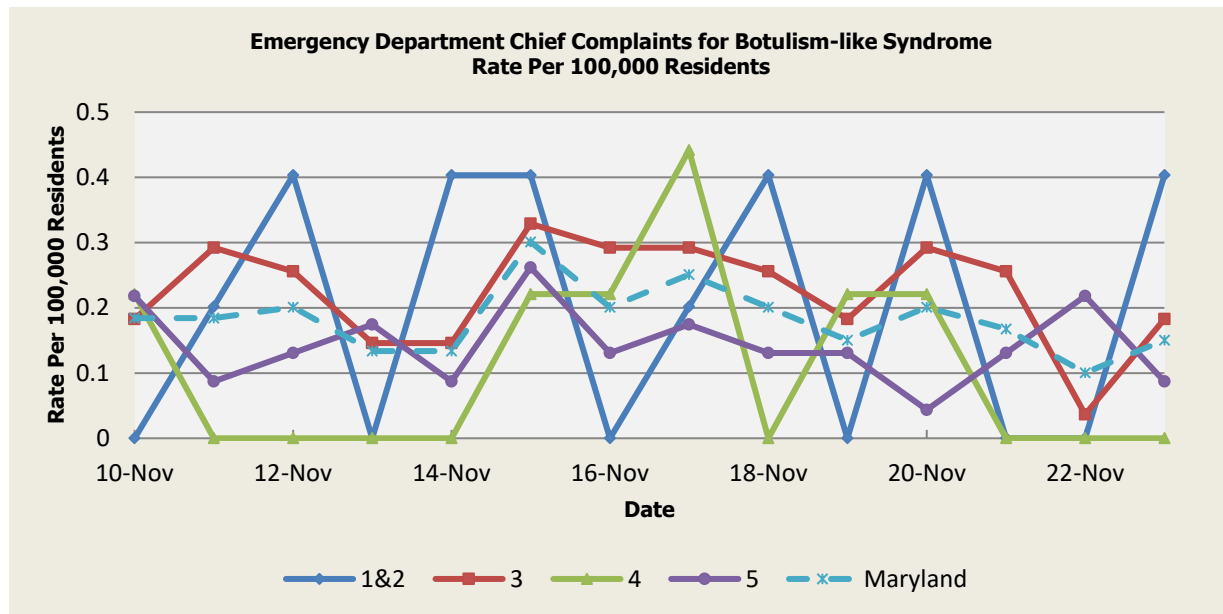
Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.66	0.89	0.84	0.52	0.73
Median Rate*	0.60	0.84	0.66	0.48	0.70

* Per 100,000 Residents

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SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome



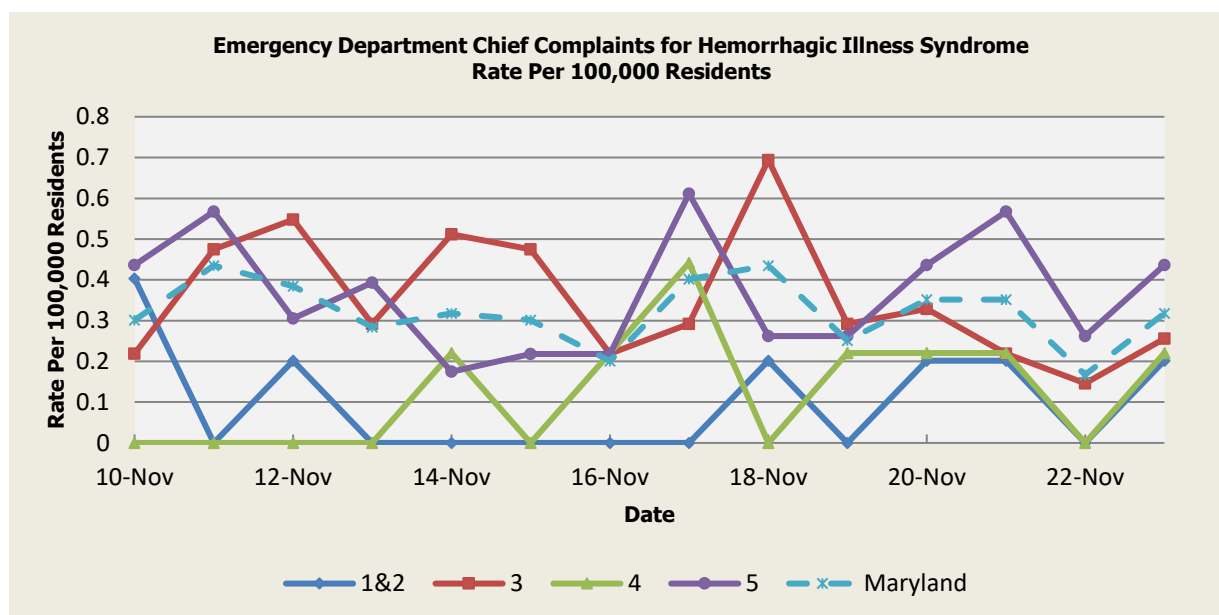
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome 11/10 (Regions 4,5), 11/11 (Regions 1&2,3), 11/12 (Region 1&2), 11/13 (Region 5), 11/14 (Region 1&2), 11/15 (Regions 1&2,3,4,5), 11/16 (Regions 3,4), 11/17 (Regions 1&2,3,4,5), 11/18 (Regions 1&2), 11/19 (Region 4), 11/20 (Regions 1&2,3,4), 11/22 (Region 5) 11/23 (Region 1&2). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.08	0.13	0.06	0.08	0.10
Median Rate*	0.00	0.11	0.00	0.04	0.08

* Per 100,000 Residents

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Hemorrhagic Illness Syndrome



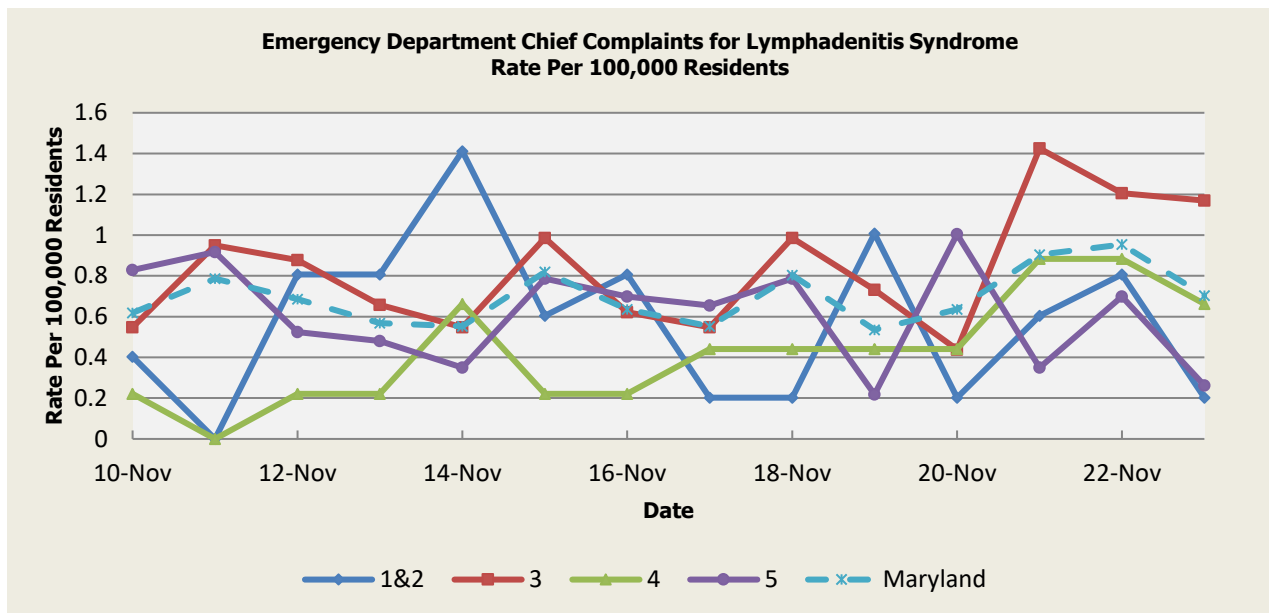
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome 11/10 (Regions 1&2,5), 11/11 (Regions 3,5), 11/12 (Regions 1&2, 3,5), 11/13 (Region 5), 11/14 (Regions 3,4), 11/15 (Region 3), 11/16 (Region 4), 11/17 (Regions 4,5), 11/18 (Regions 1&2,3,5), 11/19 (Regions 4,5), 11/20 (Regions 1&2,3,4,5), 11/21 (Regions 1&2,4,5), 11/22 (Region 5), 11/23 (Regions 1&2,4,5). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.04	0.16	0.04	0.13	0.13
Median Rate*	0.00	0.11	0.00	0.09	0.08

* Per 100,000 Residents

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Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome, 11/10 (Region 5), 11/11 (Region 5), 11/12 (Region 1&2), 11/13 (Region 1&2), 11/14 (Region 1&2), 11/15 (Region 5), 11/16 (Region 1&2), 11/18 (Region 5), 11/19 (Region 1&2), 11/20 (Region 5), 11/21 (Regions 3,4), 11/22 (Regions 1&2,3,4). These increases are not known to be associated with any outbreaks.

Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.39	0.60	0.40	0.39	0.49
Median Rate*	0.40	0.51	0.44	0.35	0.44

* Per 100,000 Residents

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MARYLAND REPORTABLE DISEASE SURVEILLANCE

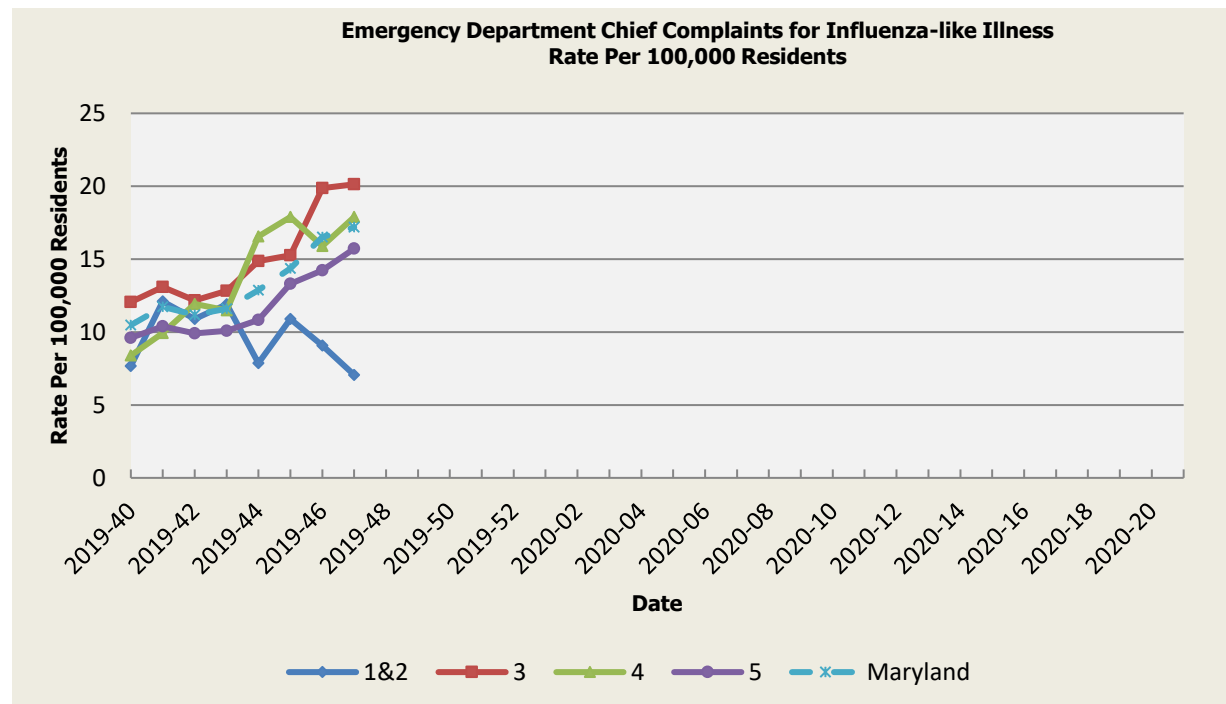
Reportable disease data from the National Electronic Disease Surveillance System (NEDSS) that feeds into ESSENCE is currently being validated. We will include these data in future reports once the validation process is complete.

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SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2019 through May 2020). Seasonal Influenza activity for Week 47 was: Low Intensity and Local geographic activity.

Influenza-like Illness

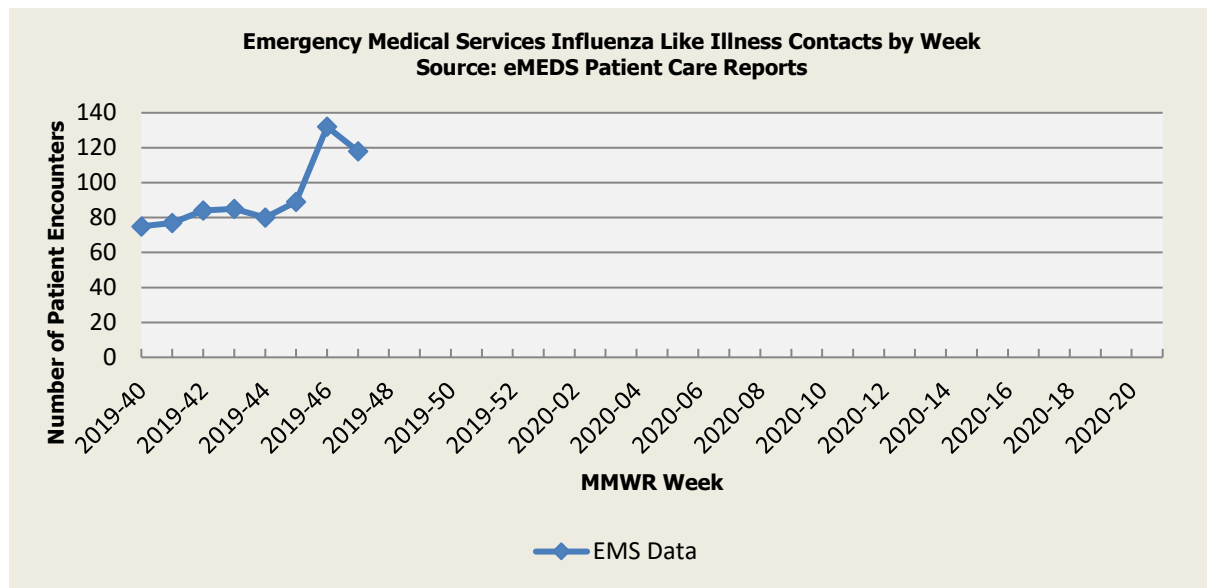


Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	10.13	13.25	12.76	11.21	12.16
Median Rate*	7.66	10.36	9.27	8.80	9.44

* Per 100,000 Residents

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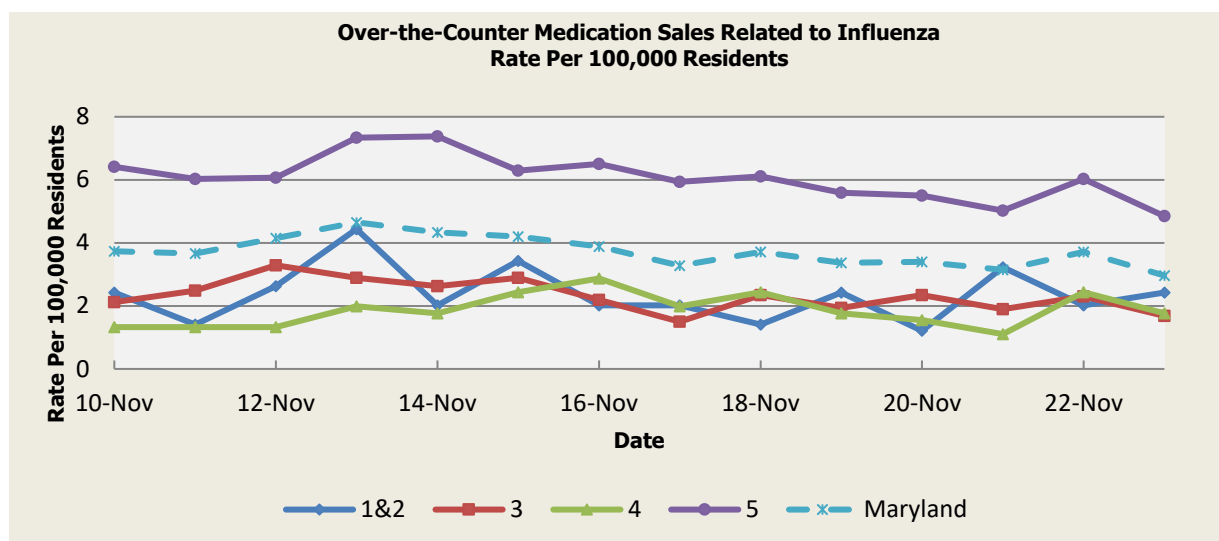
Influenza-like Illness Contacts by Week



Disclaimer on eMEDS flu related data: These data are based on EMS Pre-hospital care reports where the EMS provider has selected “flu like illness” as a primary or secondary impression of a patient’s illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

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Over-the-Counter Influenza-Related Medication Sales



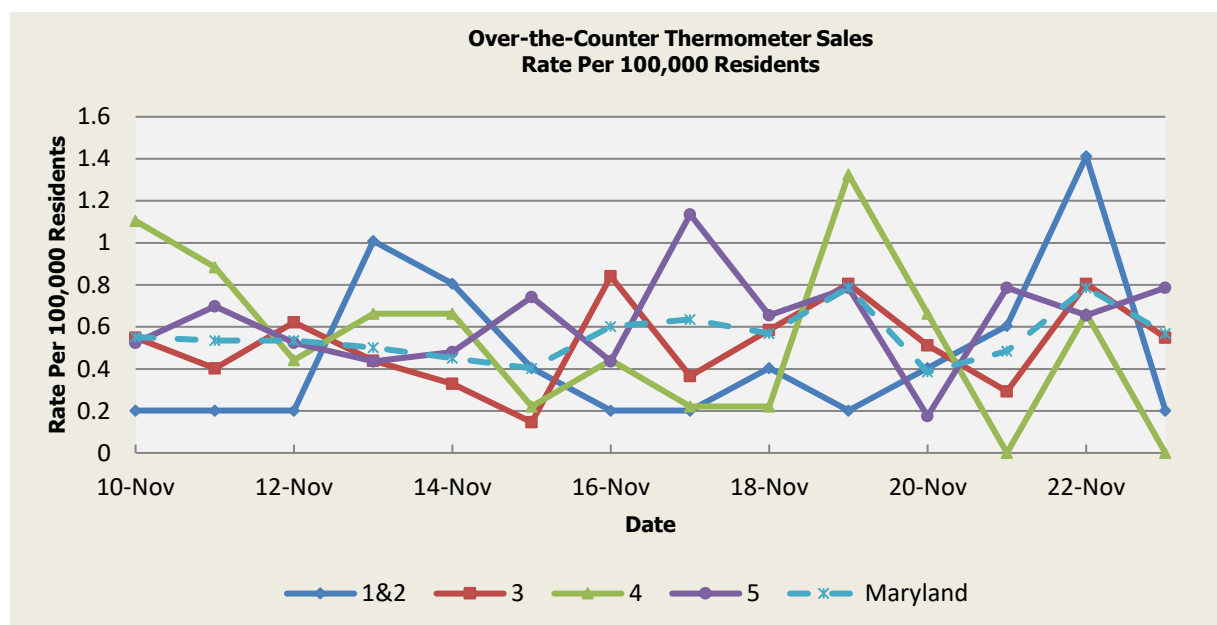
There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.44	4.42	2.66	7.76	5.49
Median Rate*	2.82	3.54	2.21	6.94	4.72

* Per 100,000 Residents

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Over-the-Counter Thermometer Sales



There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.91	2.77	2.21	3.68	3.09
Median Rate*	2.62	2.67	1.99	3.62	3.03

* Per 100,000 Residents

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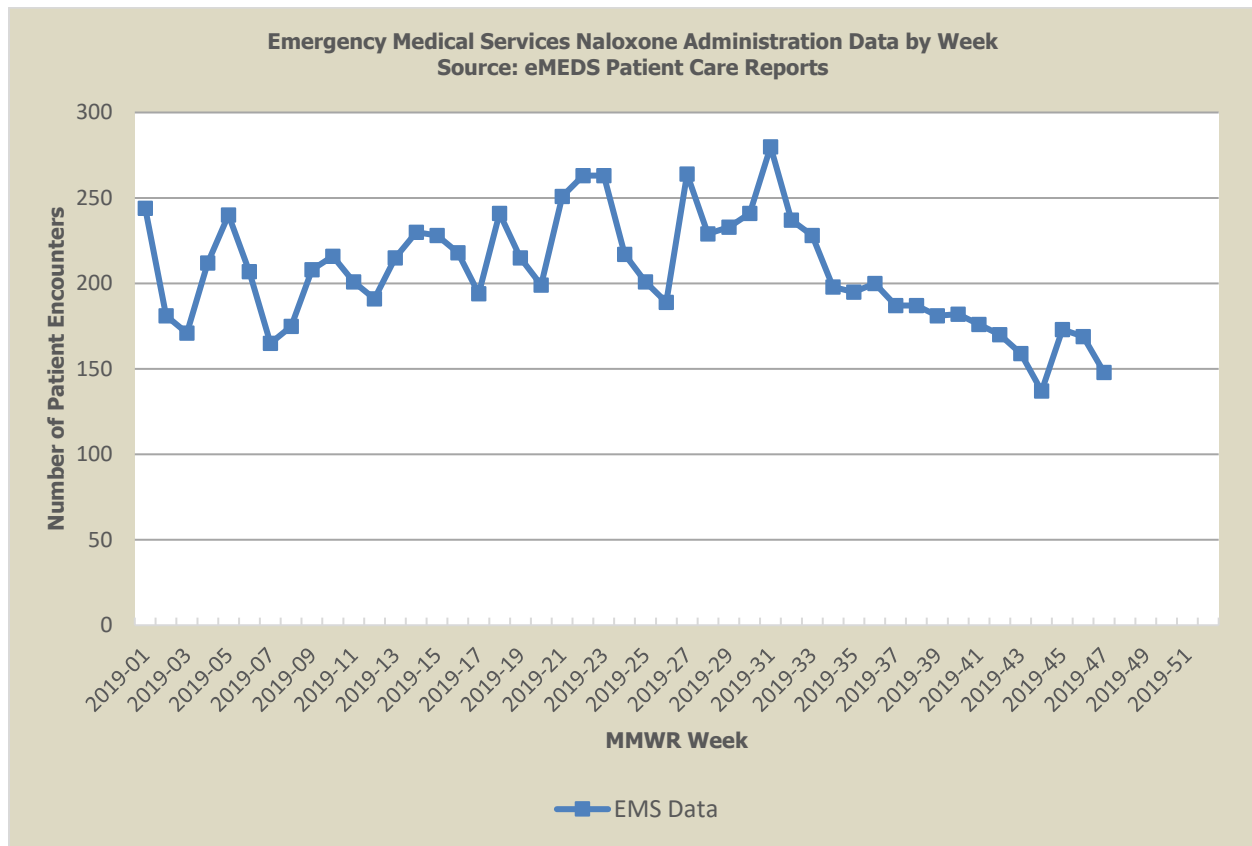
SYNDROMIC OVERDOSE SURVEILLANCE

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

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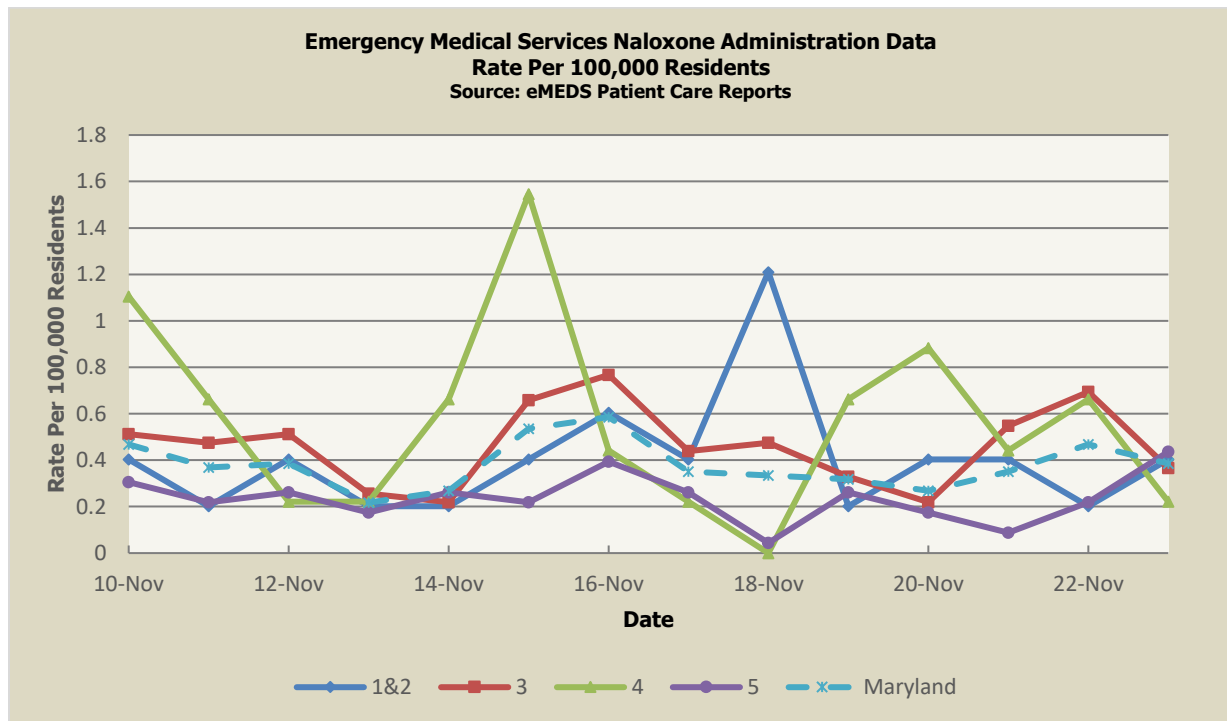
Naloxone Administration Data by Week



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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Naloxone Administration Data



Disclaimer on eMEDS Naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of November 28th, 2019, the WHO-confirmed global total (2003-2019) of human cases of H5N1 avian influenza virus infection stands at 861, of which 455 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA

AVIAN INFLUENZA (NIGERIA), 29 Nov 2019, this is the 1st time HPAI subtype H5N6 has been identified in Nigeria and may be the 1st detection on the African continent. Read More: <https://promedmail.org/promed-post/?id=6802815>

AVIAN INFLUENZA (INDIA), 27 Nov 2019, Poultry farmers in Tamil Nadu, particularly these within the Namakkal district, have taken precautions after the outbreak of chook [chicken or fowl] flu in Kerala. Read More: <https://promedmail.org/promed-post/?id=6800848>

AVIAN INFLUENZA (TAIWAN), 22 Nov 2019, Highly pathogenic avian influenza, Chinese Taipei [Taiwan]. Read More: <https://promedmail.org/promed-post/?id=6791849>

HUMAN AVIAN INFLUENZA

There were no relevant human avian influenza reports this week

NATIONAL DISEASE REPORTS

E COLI EHEC (WASHINGTON), 27 Nov 2019, CDC, Health officials are investigating a local _Escherichia coli_ outbreak potentially tied to 4 Seattle-area restaurants that is separate

from a national outbreak linked to romaine lettuce from Salinas, California. At least 7 people have been infected in the local outbreak, and 6 of them reported eating raw vegetables or leafy greens at 4 different Evergreens restaurants in King County. Read More:

<https://promedmail.org/promed-post/?id=6799799>

RABIES (MULTISTATE), 25 Nov 2019, A red fox that attacked 5 people last week [11-17 Nov 2019] in Glen Ridge [New Jersey] has tested positive for rabies, authorities said.

Read more: <https://promedmail.org/promed-post/?id=6797040>

E. COLI EHEC, ROMAINE LETTUCE (MULTISTATE), 24 Nov 2019, A total of 40 people in 16 states have fallen ill due to an E. coli outbreak in romaine lettuce, according to a report from the CDC and US FDA.. Read More: <https://promedmail.org/promed-post/?id=6793708>

GASTROENTERITIS (COLORADO), 22 Nov 2019, All 46 schools in Mesa County [Colorado] are closing Thursday [21 Nov 2019] out of an abundance of caution as a gastrointestinal illness continues to spread through its student body. Read More:

<https://promedmail.org/promed-post/?id=6792838>

HEPATITIS A (MULTISTATE), 22 Nov 2019, The [Nebraska] Central District Health Department [CDHD] reported [Wed 20 Nov 2019], a multi-state outbreak of hepatitis A that has been linked to eating blackberries and potentially to strawberries purchased at Fresh Thyme grocery stores. Read More: <https://promedmail.org/promed-post/?id=6792620>

EASTERN EQUINE ENCEPHALITIS (MULTISTATE), 22 Nov 2019, An old disease transmitted by mosquitoes called eastern equine encephalitis [EEE] has reared its head in 8 US states so far in 2019, but health officials emphasize there's no need to bug out. Read More:

<https://promedmail.org/promed-post/?id=6791785>

INTERNATIONAL DISEASE REPORTS

SYPHILIS (CANADA), 29 Nov 2019, The rate of syphilis infection in British Columbia [Canada] is the highest it's been in 30 years, and the provincial health officer is asking the public to get proactive about testing and treatment. Read More: <https://promedmail.org/promed-post/?id=6805466>

HERPES B VIRUS (JAPAN), 29 Nov 2019, An employee of a Japanese pharmaceutical research and development company has been found infected with herpes B virus which is commonly found among monkeys. Read More: <https://promedmail.org/promed-post/?id=6803152>

E. COLI EHEC (ENGLAND), 28 Nov 2019, A dairy in an English town has been linked to an outbreak of Escherichia coli, with 18 people sick. Darwin's Dairy has been advised to recall all whole, skimmed and semi-skimmed milk and cream products currently in circulation. Read More: <https://promedmail.org/promed-post/?id=6802549>

PLAGUE (CHINA), 28 Nov 2019, A 4th case of the plague has been recorded in China as the disease slowly begins to spread. The latest case of the plague has again been recorded in Inner Mongolia, where the 3 previous cases have stemmed from. Read More:

<https://promedmail.org/promed-post/?id=6802547>

SCRUB TYPHUS (INDIA), 28 Nov 2019, Taking a serious note of reports of scrub typhus from some parts of the state [West Bengal], the state health department has directed chief medical officers of health (CMOH) of all districts to be alert and vigilant and send details of all cases to the department. Read More: <https://promedmail.org/promed-post/?id=6801408>

SYPHILIS (JAPAN), 27 Nov 2019, In recent years, the number of syphilis cases has surged in Japan. In 2015, we reported on a big increase in syphilis cases in Japan where well over 2000 cases were recorded, a 4-fold increase from just 5 years earlier. Read More:

<https://promedmail.org/promed-post/?id=6800502>

CRIMEAN-CONGO HEMORRHAGIC FEVER (SENEGAL), 27 Nov 2019, A case of Crimean-Congo haemorrhagic fever has been reported in Kaolack commune. Read More:

<https://promedmail.org/promed-post/?id=6797965>

SALMONELLOSIS (CHILE), 25 Nov 2019, A salmonellosis outbreak in Maipu commune in Santiago Province has now affected 80 people, according to the Chile news source, T13 (computer translated). Read More: <https://promedmail.org/promed-post/?id=6796355>

POLIOMYELITIS UPDATE (PHILIPPINES), 25 Nov 2019, A 9 year old girl from Basilan has been added to the list of confirmed poliovirus cases in the country, according to Sam Nielsen's report on Super Radyo dzBB on [Mon 25 Nov 2019], citing the Department of Health (DoH). Read more: <https://promedmail.org/promed-post/?id=6796092>

LASSA FEVER (SIERRA LEONE), 24 Nov 2019, In Sierra Leone, 7 Dutch and 3 British doctors have been evacuated for Lassa fever; 2 of them -- both Dutch -- and a local anesthetist are confirmed cases. Read More: <https://promedmail.org/promed-post/?id=6795177>

VAPING-RELATED ILLNESS (CANADA), 23 Nov 2019, A Canadian teenager developed a life-threatening condition known as "popcorn lung" after several months of intense vaping, in the 1st medical case linking this chronic lung disease to e-cigarette use. Read More:

<https://promedmail.org/promed-post/?id=6794630>

MELIOIDOSIS (VIETNAM), 22 Nov 2019, Two brothers in Hanoi's Soc Son District died of melioidosis, or Whitmore's disease, 2 weeks apart. Read More: <https://promedmail.org/promed-post/?id=6792619>

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the MDH website:
<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS):
<http://flusurvey.health.maryland.gov>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County

